

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: THE HEALTH INFORMATION NETWORK CONNECTION, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): THINC

Address of Service Provider: 1155 AVENUE OF THE AMERICAS, SUITE 311
NEW YORK, NY 10036

Name of Agent Designated to Receive Notification of Claimed Infringement: DAVID S. McMULLON

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
1155 AVENUE OF THE AMERICAS, SUITE 311
NEW YORK, NY 10036

Telephone Number of Designated Agent: (212) 626-8224

Facsimile Number of Designated Agent: (212) 626-8244

Email Address of Designated Agent: dsmcullen@thinc.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: _____

Typed or Printed Name and Title: Saul Averill, CEO

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

NOV 23 1998

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